

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
13 FEB 26 PM 2:50

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Tammy Baldwin for Senate

ADDRESS (number and street) **PO Box 696**
 Check if different than previously reported. (ACC) **Madison** **WI** **53701**
 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER **C C00326801**
 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)
 4. STATE DISTRICT **WI** **00**
 For Candidates Only

5. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2) and/or Semi-annual Report
 October 15 Quarterly Report (Q3)
☒ January 31 Year-End Report (YE) and/or Semi-annual Report
 July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
 (c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Special (12S) Convention (12C)
 Election on M M / D D / Y Y Y Y in the State of See Line 6(b)
 (d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y in the State of See Line 6(b)
 This report also covers the semi-annual period

6. Covered Period(s)
 (a) Quarterly/Monthly/Pre-/Post-Election Covered Period
 This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30
 07 01 2012 12 31 2012
 (b) Semi-annual Covered Period
☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs
 (a) Quarterly/Monthly/Pre-/Post-Election Covered Period 215144.41
 (b) Semi-annual Covered Period 215144.41

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Mr. Michael F. Childers**

Signature of Treasurer

Mr. Michael F. Childers

Date M M / D D / Y Y Y Y 02 22 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3L

02/2009

13020113283